

07/17/03  
U.S. PTO



# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

## APPLICATION ELEMENTS

- See MPEP chapter 600 concerning utility patent application contents.
1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
  2.  Applicant claims small entity status.  
See 37 CFR 1.27.
  3.  Specification [Total Pages 10]  
(preferred arrangement set forth below)
    - Descriptive title of the invention
    - Cross Reference to Related Applications (*if applicable*)
    - Statement Regarding Fed sponsored R & D (*if applicable*)
    - Reference to sequence listing, a table, or a computer program listing appendix (*if applicable*)
    - Background of the Invention
    - Brief Summary of the Invention
    - Brief Description of the Drawings (*if filed*)
    - Detailed Description
    - Claim(s)
    - Abstract of the Disclosure
  4.  Drawing(s) (35 U.S.C. 113) Figs. 1-4 [ Total Sheets 3 ]
  5. Oath or Declaration [ Total Pages ]  
 a.  Newly executed (original or copy)  
 b.  Copy from a prior application (37 CFR 1.63(d))  
*(for continuation/divisional with Box 18 completed)*
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
  6.  Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     CIP of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		22204		or <input type="checkbox"/> Correspondence address below	
Name _____					
Address _____					
City _____	State _____	Zip Code _____			
Country _____	Telephone (703) 770-9300	Fax (703) 770-9400			
Name (Print/Type)	David S. Safran	Registration No. (Attorney/Agent)			27,997
Signature				Date	July 17, 2003